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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: DoD postpones phase two of anthrax vaccination plan
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Failure of a new anthrax vaccine production plan to pass FDA inspection has led DoD to postpone the second phase of vaccinations for at least six months.

Defense officials announced Dec. 13 the Pentagon will delay inoculating troops other than those deployed to Korea and the Persian Gulf until new batches of the vaccine are proven safe and effective. Dr. Sue Bailey, assistant secretary of defense for health affairs, said there are

enough FDA-certified dosages to continue vaccinating troops headed to those high-threat areas.

Since the first phase of inoculations began last year, 383,000 soldiers, sailors, airmen and Marines have received anthrax shots. The second phase will cover first responders to military contingencies or those ready to deploy, Bailey said. The third and final phase will inoculate the remainder of the force.

But if the United States had to conduct a military buildup now, such as it did for Desert Storm, it couldn't fully protect those troops against anthrax, a senior officer said.

"We're not there, yet," said Marine Corps Maj. Gen. Randall West, a special adviser on anthrax and biological weapons to Rudy de Leon, undersecretary of defense for personnel and readiness. "We could not today do a full buildup to Desert Storm and have every serviceman and -woman that was sent there vaccinated."

Bailey said DoD has other ways to protect troops against anthrax attacks, including chemical/biological protection suits, gas masks and antibiotics. "We are able to provide, as we did during the Gulf [War], some significant protection against anthrax," she said. She said DoD also could decide to give every soldier a portion of the six prescribed inoculations, so they would have some protection.

In addition, Bioport -- the company that produces the vaccine -- has stockpiled more than 1 million doses that would have to be recertified before they are used, according to David Oliver, principal deputy undersecretary of defense for acquisition and technology.

Bailey said DoD has no plans to halt anthrax inoculations all together. "The program is safe, effective and necessary," she said, "and we will continue to meet the highest possible standards."

Defense Secretary William S. Cohen delayed the second phase of inoculations until the new production facility built by Bioport, the Michigan-based manufacturer, achieves FDA certification. Bioport built the new production facility after demolishing the smaller state-regulated facility on the same site.

The larger facility is necessary to meet DoD production requirements of some 400,000 dosages a month. The old plant produced just 2,000 doses a month. Defense officials thought the process -- from demolishing the old plant, building the new one and getting FDA certification -- would take less time than it has.

"Frankly, it has been more difficult than the department and Bioport expected to move from a small, state-regulated production facility to a large, modern production facility that meets state-of-the-art FDA requirements," Bailey said.

The Pentagon has left the date open as to when the second phase of inoculations will begin. In the meantime, the Army, as executive agent for the anthrax program, has assigned a general officer to provide full-time oversight

and review of Bioport processes to help facilitate FDA certification.

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Headline: Pensacola and Veterans Administration sign regional agreement

By Rod Duren and JO1 Maria Christina Mercado, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola and the Veterans Administration (VA) signed an agreement Dec. 6 that streamlines the way military personnel leaving active duty initiate VA medical disability claims.

The agreement, coordinated by VA representatives from Southeast United States, is designed to eliminate duplication and save tax dollars. It is the largest regional venture between Navy Medicine and the VA.

Now the VA can process disability compensation claims and vocational rehabilitation applications faster using the Naval Hospital's Composite Health Care System computers. VA outpatient clinics may also order laboratory and radiology studies from the Composite Health Care System to evaluate personnel leaving the military and seeking VA medical benefits.

Before this agreement, people leaving the military received a mandatory separation physical, and then they had to get yet another similar VA physical before they could receive VA disability benefits

Now, the agreement allows one military separation physical to satisfy the needs of both organizations. VA and Navy medical officials will share the results using the Composite Health Care System.

Using old procedures, it often took up to a year before veterans separating from the military received VA benefits. This agreement allows veterans claiming VA disability compensation to file within six months of separation and potentially receive benefits immediately upon completion of service.

Another benefit of the new process is personnel leaving active duty will automatically receive a certified copy of their medical record instead of having to retrieve it from a central storage location.

This agreement is one of several that have been implemented between the VA and Naval Hospital in the past year that have helped to streamline operations and save money.

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Headline: Fleet Hospital Five tests readiness in Operation Pacific Warrior

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- In the business world it might be considered stealing corporate secrets, but at Operation Pacific Warrior, the Chief of Staff for the joint medical exercise calls it "sharing resources."

Army Lt. Col. Dennis Schroader, MSC, said the three-week, five-phase exercise is "about innovating and creating new ways to solve military medical problems with limited resources by interacting with the sister services and sharing knowledge and resources."

What began as an exercise to train the medical staff at Tripler Army Medical Center on Oahu, Hawaii, in the construction and use of a Combat Support Hospital, blossomed into an event that tested the clinical and operational compatibility of 1,300 Army, Navy and Air Force medical personnel. More than 100 members, including 20 Reservists, of Fleet Hospital Five, the expeditionary element of Naval Hospital Bremerton, participated.

Tasked with planning and executing the care of battlefield casualties from the point of injury to eventual return to duty, or stabilization and evacuation back to the continental United States, top military medical personnel from each service recognized the benefit of working together to achieve these goals. In Operation Pacific Warrior the skills were taught, knowledge refreshed and endurance tested with one goal for all services in mind.

"The goal was to better prepare our soldiers, sailors and airmen to function on the battlefield and take care of those who are in harms way," Schroader said. "That is our biggest challenge, to assure that the person asked to pay that price, reaps the benefit. And if we do our job well, we will be better prepared to, as the Army medical department motto says, 'conserve the fighting strength.'"

Realistic battlefield testing of the system had to occur. And to achieve reality, stress had to occur. That came in phase four during a 96-hour combat casualty drill that took moulaged mannequins and human "casualties" from the battlefield to one of three Forward (on the front lines) Surgical Teams, from there into ambulances to be transported to the Combat Support Hospital for evaluation and care. If the patient was determined to need extensive or long-term care they were then loaded onto Army helicopters that airlifted them to Air Force planes for evacuation to large medical centers such as Tripler Army Medical Center near Honolulu or in the continental United States.

"Beginning Nov. 13 we went into 'lock-down status,' said Capt. Dana Covey, MC, USN, Task Force 121 commander. "Everyone who was inside the wire (within the barbed wire perimeter) was responding to a realistic wartime scenario. We had very austere conditions, no showers, very little sleep and for the past 72-hours, shelling, insurgents, protestors, infiltrators and receipt of casualties."

Stress began early for Covey, who had expected to be in charge of the 104 Sailors and one Marine involved in the exercise. But prior to the simulated hostilities, Covey found he had been appointed commander of the entire task force. This meant commanding Army, Navy, Air Force, the medical personnel in the General Hospital, a Veterinary Surgical Unit, an ambulance company, the Sea Bees, and the

three Forward Surgical Teams in other parts of Oahu.

"They (the Army) really exhibited trust in their sister service. They just turned the whole operation over to a swabby," Covey said. "That was very generous of the Army after they had been planning this for over a year."

Capt. Carzell Middleton, MSC, USA, from the Army's 121st General Hospital in Seoul, Korea, was responsible for requisitioning the more than 1,000 personnel for the exercise. Differences in rank and job identifiers between the three services made it a challenge, but learning the strengths and abilities of the other services made it worthwhile, he said.

"From day one, the Navy's Sea Bees were a dedicated, hardworking group. They set up the power source and provided luxury items like the hand washing stands. They are just jacks-of-all-trades. And the Army goes to the field all the time, but we never took anything like a ship's store. That's a great morale booster. And the Air Force was instrumental in identifying personnel. They showed us how to track down people on other continents," Middleton said. "The importance of this exercise is history really. Like the Gulf War, it was a joint operation. We have to work together to have a seamless transition in all processes. We are just opening the doors a little wider to let in a little more light."

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Headline: California TRICARE is Y2K ready
By LT Bob Tatum, TRICARE Region Nine

SAN DIEGO -- Many companies are testing their computer systems to ensure continued operation during and after the Y2K rollover, but for the military health care system, continued operation means much more than making sure computer dates will be correct on Jan. 1, 2000.

Healthcare involves far more than just computers and dates. The military health care system considerations include its patients, buildings, equipment and military and civilian providers. On top of all this, an emergency plan needs to be in place to handle emergencies at any time.

To make sure the entire healthcare system was ready for the year 2000, and not just the computers, all military medical treatment facilities (MTFs) in California participated in a medical readiness exercise designed to ensure all mission-essential functions remain functional. The Statewide Joint-Service Disaster Exercise, the first of its kind, was run simultaneously with California's Emergency Medical Service Authority's Y2K hospital disaster exercise, designed to test the limits of the state's health care infrastructure.

Navy Lt. Lorenzo Jones, MSC, is the medical contingency planner at TRICARE Region Nine. As the exercise coordinator for all MTFs in California, encompassing both Regions Nine and Ten for TRICARE, he sees the importance for exercises such as this.

"This exercise tested several important features of the military health system. We ensured that all MTFs had tested, repaired or replaced all non-Y2K-compliant medical equipment; we tested each MTF's disaster plan; and we made sure that the MTFs were ready to provide care to both beneficiaries and to the civilian community," Jones said.

Another important feature of running this exercise was the coordination with California's statewide Y2K hospital disaster exercise. Through an agreement between local communities and the military, civilians may go to a military hospital for immediate emergency treatment, in effect making all military hospitals part of the statewide hospital system. The simultaneous exercises allowed hospitals to coordinate resources such as bed availability during disaster scenarios.

The exercise tested each MTF's disaster plan, checked the back-up generator system, other vital systems such as water supply, and used alternative communications (other than phone lines) to communicate between facilities. The exercise also assessed the ability of Foundation Health Federal Services (the TRICARE civilian network provider in California) to implement contingency plans to effectively reroute phone calls and/or reschedule appointments. The ability of MTFs to respond to a large influx of patients, communications between ambulance personnel and healthcare facilities, and the availability of medical supplies was also assessed.

This unprecedented statewide exercise revealed that the military healthcare system can work in concert to provide healthcare during unique and difficult circumstances. This exercise ensured that not only is our equipment Y2K ready, but that we have plans in place to respond to a multiple-incident disaster scenario," Jones said.

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Headline: New Portsmouth observation unit improves service, saves money

By JOSA Theresa Raymond, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- The Charette Health Care Center, constantly improving care and facilities for patients and staff, now has a new observation unit that improves patient monitoring, saves paperwork and permits better allocation of medical personnel throughout the facility.

With the emergency room having an influx of patients, and admission and discharge paperwork piling up, Charette staff applied best business practices to develop the new facility that also helps provide more effective patient care.

Now when patients are treated in the emergency room, they may not be automatically assigned a standard hospital room for recovery. Instead emergency room care providers may decide the person's illness or injury only requires a short stay.

The new Observation Unit located in the emergency room of Charette, is designed for such patients. The three-bed

observation unit allows less paperwork needed for a normal room admission, permits fast admission and discharge, yet patients receive identical treatment used in regular hospital admissions. The Emergency Medicine Department benefits from the experience in observation medicine, as well as the satisfaction gained in seeing a patient through the entire hospital stay. The unit also saves the command money by having patients onboard for less time.

Patient care is very important, and the observation unit is yet another asset of Naval Medical Center Portsmouth for providing quality care while eliminating unnecessary long-term admissions.

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Headline: Fine dining made finer with improvements
By Dan Barber, Naval Hospital Twentynine Palms

TWENTYNINE PALMS, Calif.-- Whoever said hospital food is lousy, has never eaten a meal at the Adobe Cafe located at Naval Hospital Twentynine Palms.

To enhance the delicious meals served by the hospital's galley, improvements to the ambiance of the dining room have recently been added. A professional interior decorator was contracted to provide an attractive dining experience for hospital staff and visitors. In addition, improvements were made to the food preparation area of the galley with food service equipment upgrades and a kitchen deck resurface. The dining room renovation included new wall coverings and tables, increased seating capacity, window valences and artwork. A misting system was installed on the dining area patio to keep customers cool during summer dining. Three awnings were also added to enhance attractiveness. Equipment upgrades included a new salad bar, buffet table convection oven and convection steamer, and a four-foot grill, among other amenities. According Nutrition Management Department Head, Lt. Ken Arlinghaus, MSC, "The dining room has increased staff quality of life. We have experienced a 15 percent increase in customers on average."

Arlinghaus also said, "Equipment upgrades have doubled our cooking capacity, modernized the kitchen in order to provide better training for staff and expanded our healthy cooking methods to include more baking and steaming." The deck resurface project provided a safer working environment for staff and improved pride in their workplace. Installing a patio mister system has made the patio an appropriate dining area during the summer months as well as increasing its value as an outdoor meeting area when high temperatures would normally prevent its use.

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Headline: Information technology management prototype tests completed
By Mary Katherine Jeffers, Naval Medical Information Management Center

BETHESDA, Md. -- New information technology management software that controls configuration management, manages information technology resources, and electronically distributes software will help Military Treatment Facilities close their capabilities gap caused by increasing demands on information technology and decreasing resources.

The new software program, tested by the Naval Medical Information Management Center in Bethesda, Md., is known as the Global Enterprise Management for Military Health System, or GEMM.

The prototype tested against the current Military Health System infrastructure and desktop management shows that it is a management solution to help Military Treatment Facilities do more with less because it provides remote monitoring, inventory control and software distribution and automates processes and responses when problems do arise

GEMM also promises to improve information technology service and performance without increasing cost.

"The successful completion of the prototype has demonstrated to us not only that the technology and business process re-engineering works, but that we can bring together diverse organizations in multiple locations to accomplish a common goal," said Lt. Cmdr. David Jacobson, MSC, director of information technology services at NMIMC. "Just the fact that we're now automating processes such as inventory and software distribution means that we increase efficiency and save our scarce resources."

Based on the prototype results, a 75 percent increase in information technology efficiency is expected when GEMM is deployed and integrated worldwide within the Military Health System. The prototype was given an excellent rating, for improving information technology efficiency, after its evaluation by the Navy Medical Inspector General team.

The GEMM prototype is now managing some information technology assets at Naval Health Care System New England; Navy Bureau of Medicine and Surgery, Washington, DC; Elmendorf Air Force Base Hospital, Alaska and Eisenhower Army Medical Center, Ga.,

For more information contact Lt. Cmdr. D.L Jacobson at 301-319-1185; email: dljacobson@us.med.navy.mil.

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Headline Anthrax question and answer
From Bureau of Medicine and Surgery

Question: What about those of us who were vaccinated against Anthrax during our tour in Saudi Arabia? I was assigned to Fleet Hospital Five in 1990-91 and we all received an Anthrax inoculation series.

Answer: Almost 20 percent of military personnel who served in the Gulf Theater of Operations received one or two doses of the vaccine. Because the anthrax vaccination effort was classified during the Gulf War, reliable records of administered doses are lacking. After the war and

personnel were re-deployed, further vaccinations were not performed.

According to SECNAVINST 6230.4, personnel who served in the Gulf War who received the vaccine, but who did not complete the entire series of vaccinations should restart the series. This policy is also included in the BUMED message with date time group of R 151500Z OCT 98 ZYB

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: What is my priority for care in the MTF?

Answer: By law, priority for care at the MTF will be based on the following criteria:

- Active duty personnel
- Active duty family members enrolled in TRICARE Prime
- Retirees, Survivors and their family members enrolled in Prime
- Active duty family members not enrolled in Prime
- Retirees, Survivors and their family members not enrolled in Prime

Non-enrolled persons eligible for military health care will be seen at military hospitals and clinics on a space-available basis.

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Headline: Healthwatch: Safety, common sense help ensure happy holidays
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- I've always felt there are two important things to keep in mind during the holidays: Don't let baby mistake the light-up nose on your Rudolph decoration for her "Baby's 1st Christmas" pacifier, and go easy on the rum if you share the eggnog with your cat.

But, believe it or not, DoD safety officials have tips they insist are better than mine.

Christmas trees are central to many families' holiday celebrations and yet can be among the most dangerous. Keep these tips in mind when selecting and decorating yours:

- Think fresh! Dry trees are an extreme fire hazard. Only a few needles should fall when you shake a fresh tree, and needles should bend but not break.
- Keep your tree outside in a bucket of water until you're ready to decorate.
- Before bringing it inside, cut a two-inch diagonal slice off the bottom and keep water in the stand. A diagonal cut allows your tree to "drink" more.
- Keep your tree out of traffic areas and at least three feet from heat sources and fireplaces.
- It's easy to assume that your lighted decorations are OK this year because they worked when you put them away last year. Not so. Inspect them carefully before use, and be

especially alert for worn or cracked wires. Make sure all light sets have an Underwriters Laboratory or Factory Mutual (FM) label. Also avoid overloading outlets and extension cords.

The Centers for Disease Control and Prevention in Atlanta suggest the following safe-handling tips for your holiday eats. Additional information can be found on the Internet at www.cdc.gov.

- Wash hands before and after preparing food, especially after handling raw meat and poultry.

- Keep raw meats and poultry separate from other foods.

Clean and disinfect cutting boards and kitchen surfaces after preparing food, and use different plates and utensils for cooked food from those used for the raw foods.

- Refrigerate or freeze perishable foods right away after coming home from the store.

- Thaw frozen food in the refrigerator or microwave oven, not on the countertop.

- Keep hot foods hot and cold foods cold. Don't leave foods out at room temperature for more than two hours.

- Identify a designated driver early or arrange for taxis when you gather with family, friends and coworkers to celebrate the holidays. If you're the party host, serve plenty of food and nonalcoholic beverages. Of the 41,967 traffic fatalities in 1997, 39 percent were alcohol-related, according to the CDC's National Center for Injury Prevention and Control.

Other holiday safety tidbits gleaned from various sources are:

- Ensure smoke detectors work and have a fire extinguisher handy. Consider giving these lifesaving devices as holiday gifts to friends and family members.

- Don't burn wrapping paper in your fireplace. The colored inks can produce toxic fumes.

- Being alone this time of year can be depressing. Don't let someone you know spend the holidays alone.

- Choose age-appropriate gifts for children. Adhere to warning labels and age restrictions on packages. The Consumer Product Safety Commission has oodles of information on its Internet site, www.cpsc.gov and lists product recalls as well.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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